

ISSUE STATEMENT AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        |          |
| O.I.P.E. CLASSIFIER       |          |        |          |
| FORMALITY REVIEW          | NR       | 585    | 10-26-01 |
| RESPONSE FORMALITY REVIEW | TA       | 1117   | 03-19-02 |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

| Claim    | Date    |
|----------|---------|
| Final    |         |
| Original |         |
| 1        | 9/23/01 |
| 2        | 9/23/01 |
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If more than 150 claims or 10 actions  
staple additional sheet here

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5/19/02  
10/26/02